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PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. 065489.00001 First Inventor or Application Identifier Evan E. Dussia Computerized Method And System For......

$\overline{}$								
See	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231			
1. 2.	X	* Fee Trans (Submit an or Specification (preferred arr - Descriptive - Cross Refe - Statement - Reference - Backgroun - Brief Sumr	mittal Form (e.g., I riginal and a duplicate to an angement set forth below title of the Invention erences to Related I Regarding Fed spot to Microfiche Appead of the Invention mary of the Invention ription of the Drawin	PTO/SB/17) or fee processing) (Total Pages 24] ow) n Applications nsored R & D ndix	(if ap a. b. c. 7.	Pace St. ACCOMP Assignme 37 C.F.R. (when the	or Amino Acid : If necessary) In puter Readal Aper Copy (identification attement verifying ANYING APP Int Papers (covered is an assign	rigram (Appendix) Sequence Submission ble Copy tical to computer copy) rig identity of above copies PLICATION PARTS er sheet & document(s)) ment Power of Attorney
16. For	a. b. NOTE: EES, A: ONE: Prior	ONTINUING	y from a prior applic continuation/divisional DELETION OF IN Signed stateme inventor(s) name see 37 C.F.R. §§ TIN ORDER TO BE E STATEMENT IS REQUIRED APPLICATION, c Divisional formation: Examine, DIVISIONAL APPS on	ation (37 C.F.R. § 1.63(with Box 16 completed) VENTOR(S) Int attached deleting d in the prior application 1.63(d)(2) and 1.33(b). WITTLED TO PAY SMALL EIRED (37 C.F.R. § 1.27), EXCE LIED UPON (37 C.F.R. § 1.28) heck appropriate box, and continuation-in-part (continuation-in-part (co	13	Information Statement Preliminal Return Ref (Should b * Small En Statement (PTO/SB/0) Certified () (if foreign Other: distille information f prior application, f	on Disclosure t (IDS)/PTO-14 ry Amendment exceipt Postcard the specifically its that the specifically its priority is claim Express M that the specifically its the specifically its that the specifically its that the specifica	(MPEP 503) emized) tement filed in prior application, tus still proper and desired Document(s)
refe	erence	. The incorpo					mitted from the	submitted application parts.
17. CORRESPONDENCE ADDRESS Or Correspondence address below (insert Customer No. or Attach bar code label here)								
Name James H. Beusse, Esquire Holland & Knight, LLP								
Address		P.O. I	P.O. Box 1526					
City		Orlan	Orlando State		FL		Zip Code	32802-1526
Col	untry	U.S.		Telephone	(407) 24	4-1129	Fax	(407) 244-5288
		e (Print/Type) ature	James H. Ber	isse	Regi	istration No.	(Attorney/Agent) Date	27,115 07/14/2000

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PTO/SB/17 (12/99)

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FEE TRANSMIT for FY 2000

Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

(\$) 393.00 TOTAL AMOUNT OF PAYMENT

Group	/ Art	Un	it	

Complete if Known				
Application Number	Not Assigned			
Filing Date	Simultaneously Herewith			
First Named Inventor	Evan E. Dussia			
Examiner Name	Not Assigned			
Group / Art Unit	Not Assigned			
Attorney Docket No.	065489 00001	7		

METHOD OF PATMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee	Fee Paid				
Deposit Account	Code (\$) Code (\$)	Teeralu				
Number	105 130 205 65 Surcharge - late filing fee or oath					
Deposit Account	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.					
Name	139 130 139 130 Non-English specification					
Charge Any Additional Fee Required	147 2,520 147 2,520 For filing a request for reexamination					
Under 37 CFR §§ 1.16 and 1.17	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
2. X Payment Enclosed: X Check Order Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
FEE CALCULATION	115 110 215 55 Extension for reply within first month					
	116 380 216 190 Extension for reply within second month					
1. BASIC FILING FEE	117 870 217 435 Extension for reply within third month					
Large Entity Small Entity Fee Fee Fee Fee Description	118 1,360 218 680 Extension for reply within fourth month					
Code (\$) Code (\$) Fee Paid	128 1,850 228 925 Extension for reply within fifth month					
101 690 201 345 Utility filing fee 345.00	119 300 219 150 Notice of Appeal					
106 310 206 155 Design filing fee	120 300 220 150 Filing a brief in support of an appeal					
107 480 207 240 Plant filing fee	121 260 221 130 Request for oral hearing					
108 690 208 345 Reissue filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding					
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable					
SUBTOTAL (1) (\$) 345.00	141 1,210 241 605 Petition to revive - unintentional					
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)					
Fee from Extra Claims below Fee Pald	143 430 243 215 Design issue fee					
Total Claims 21 -20** = 1 x 9.00 = 9.00	144 580 244 290 Plant issue fee					
Independent 4 - 3** = 1 x 39.00 = 39.00	122 130 122 130 Petitions to the Commissioner					
Multiple Dependent =	123 50 123 50 Petitions related to provisional applications					
**or number previously paid, if greater, For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt					
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)					
103 18 203 9 Claims in excess of 20	146 690 246 345 Filing a submission after final rejection					
102 78 202 39 Independent claims in excess of 3	(37 CFR § 1.129(a)) 149 690 249 345 For each additional invention to be					
104 260 204 130 Multiple dependent claim, if not paid	examined (37 CFR § 1.129(b))					
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 48.00	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
SUBMITTED BY	Complete (if applicable)					
	Pagistration No.					

Name (Print/Type) 27,115 Telephone | (407) 244-1129 07/14/2000 Signature Date

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VIA EXPRESS MAIL EK552366385US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of			
Applicant:	Evan E. Dussia)	
Application No.:	Not Assigned)	
Filing Date:	Simultaneously Herewith)	
For:	Computerized Method And System For Obtaining, Storing And Accessing Medical Records	<i>)</i>))	

Commissioner of Patents Box Patent Application Washington, D.C. 20231

Sir:

EXPRESS MAIL # EK552366385US

Date of Deposit: July 14, 2000

I hereby certify that the attached patent application, formal papers and informal drawings were deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner of Patents, Box Patent Application, Washington, D.C. 20231.

Respectfully submitted,

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